

County: La Crosse
ONALASKA CARE CENTER
1600 MAIN STREET

Facility ID: 6650

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ONALASKA 54650 Phone: (608) 783-4681
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/03): 106
Total Licensed Bed Capacity (12/31/03): 108
Number of Residents on 12/31/03: 99

Ownership: Non-Profit Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 95

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		15.2
Supp. Home Care-Personal Care	No					1 - 4 Years		43.4
Supp. Home Care-Household Services	No	Developmental Disabilities	1.0	Under 65	6.1	More Than 4 Years		19.2
Day Services	No	Mental Illness (Org./Psy)	21.2	65 - 74	3.0			----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	31.3			77.8
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	56.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	3.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	5.1		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	16.2	65 & Over	93.9	-----		
Transportation	No	Cerebrovascular	14.1		-----	RNs		12.5
Referral Service	No	Diabetes	9.1	Gender	%	LPNs		9.0
Other Services	No	Respiratory	11.1		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	20.2	Male	25.3	Aides, & Orderlies		
Mentally Ill	No		----	Female	74.7			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	2	25.0	352	5	8.6	135	0	0.0	0	5	22.7	165	1	11.1	135	0	0.0	0	13	13.1
Skilled Care	6	75.0	352	51	87.9	115	0	0.0	0	15	68.2	155	8	88.9	115	2	100.0	370	82	82.8
Intermediate	---	---	---	2	3.4	95	0	0.0	0	2	9.1	150	0	0.0	0	0	0.0	0	4	4.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		58	100.0		0	0.0		22	100.0		9	100.0		2	100.0		99	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	12.7	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.7	Bathing	0.0	70.7	29.3	99
Other Nursing Homes	4.9	Dressing	16.2	56.6	27.3	99
Acute Care Hospitals	76.8	Transferring	34.3	49.5	16.2	99
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	26.3	48.5	25.3	99
Rehabilitation Hospitals	0.0	Eating	77.8	11.1	11.1	99
Other Locations	4.9	*****				
Total Number of Admissions	142	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	2.0	Receiving Respiratory Care		12.1
Private Home/No Home Health	39.0	Occ/Freq. Incontinent of Bladder	57.6	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	19.1	Occ/Freq. Incontinent of Bowel	27.3	Receiving Suctioning		0.0
Other Nursing Homes	2.1			Receiving Ostomy Care		4.0
Acute Care Hospitals	3.5	Mobility		Receiving Tube Feeding		2.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	2.0	Receiving Mechanically Altered Diets		31.3
Rehabilitation Hospitals	0.0					
Other Locations	5.7	Skin Care		Other Resident Characteristics		
Deaths	30.5	With Pressure Sores	6.1	Have Advance Directives		94.9
Total Number of Discharges		With Rashes	17.2	Medications		
(Including Deaths)	141			Receiving Psychoactive Drugs		62.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 100-199 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	87.6	92.0	0.95	87.6	1.00	88.1	0.99	87.4	1.00
Current Residents from In-County	89.9	85.9	1.05	83.0	1.08	82.1	1.09	76.7	1.17
Admissions from In-County, Still Residing	23.2	22.1	1.05	19.7	1.18	20.1	1.15	19.6	1.18
Admissions/Average Daily Census	149.5	138.9	1.08	167.5	0.89	155.7	0.96	141.3	1.06
Discharges/Average Daily Census	148.4	139.5	1.06	166.1	0.89	155.1	0.96	142.5	1.04
Discharges To Private Residence/Average Daily Census	86.3	64.3	1.34	72.1	1.20	68.7	1.26	61.6	1.40
Residents Receiving Skilled Care	96.0	96.1	1.00	94.9	1.01	94.0	1.02	88.1	1.09
Residents Aged 65 and Older	93.9	96.4	0.97	91.4	1.03	92.0	1.02	87.8	1.07
Title 19 (Medicaid) Funded Residents	58.6	55.4	1.06	62.7	0.93	61.7	0.95	65.9	0.89
Private Pay Funded Residents	22.2	32.6	0.68	21.5	1.04	23.7	0.94	21.0	1.06
Developmentally Disabled Residents	1.0	0.6	1.75	0.8	1.32	1.1	0.91	6.5	0.16
Mentally Ill Residents	21.2	36.2	0.59	36.1	0.59	35.8	0.59	33.6	0.63
General Medical Service Residents	20.2	24.3	0.83	22.8	0.88	23.1	0.87	20.6	0.98
Impaired ADL (Mean)	45.7	50.5	0.90	50.0	0.91	49.5	0.92	49.4	0.92
Psychological Problems	62.6	58.5	1.07	56.8	1.10	58.2	1.08	57.4	1.09
Nursing Care Required (Mean)	9.1	6.8	1.33	7.1	1.29	6.9	1.32	7.3	1.24